



CONCURRENT ENROLLMENT PROGRAM RECOMMENDATION FORM

This Concurrent Enrollment Program Recommendation Form, an online application for admission, and all other required application support documents must be submitted to the Office of Admissions & Recruitment before your admission to the Concurrent Enrollment Program can be processed.

After your initial enrollment, this form must be submitted to your Concurrent Enrollment academic advisor at ce@ou.edu prior to each term that you intend to enroll through the Concurrent Enrollment Program, and should contain information only for that term.

STUDENT NAME _____ **BIRTHDATE** _____
(Last) (First) (Middle) (MM/DD/YY)

HIGH SCHOOL _____
(High School) (Address) (Phone Number)

SEMESTER OR SUMMER SESSION YOU WISH TO ENROLL AT THE UNIVERSITY OF OKLAHOMA

(Indicate one): Fall _____ Spring _____ Summer _____

PRINCIPAL/COUNSELOR/PARENT/LEGAL GUARDIAN APPROVAL AND RECOMMENDATION

I HAVE EXAMINED THE ACADEMIC RECORDS OF _____
and certify the following information pertaining to the student...

CLASSIFICATION Junior Senior **DATE OF EXPECTED HIGH SCHOOL GRADUATION** _____

CURRENT CLASS RANK AND CLASS SIZE (use exact numbers, e.g., "47 out of 500") _____ out of _____

THIS STUDENT WILL BE ENROLLED IN THE FOLLOWING HIGH SCHOOL COURSES FOR THE TERM SPECIFIED ABOVE:
Remember that the student's combined enrollment at your high school and the University of Oklahoma may not exceed 19 semester hours for a fall or spring semester or 9 semester hours for a summer session without special permission. One-half high school unit is calculated as three semester hours of college work. Non-academic high school units are excluded from the workload calculation.
(Please indicate course title and unit of credit)

COUNSELOR OR PRINCIPAL APPROVAL:

I certify that the applicant is eligible to satisfy requirements for graduation from high school (including curricular requirements for college admission) no later than the spring of their senior year.

(Signature of High School Counselor or Principal) (Phone Number) (Date)

PARENT/LEGAL GUARDIAN PERMISSION AND STUDENT SIGNATURE:

I grant permission for _____ to enroll in Concurrent Enrollment at the University of Oklahoma.
I acknowledge that any changes incurred by the applicant are my legal responsibility to satisfy in full.

(Signature of Parent/Legal Guardian) (Phone Number) (Date)

(Signature of Student) (Phone Number) (Date)

For initial enrollment, return this form to The Office of Admissions and Recruitment | The University of Oklahoma | 1000 Asp Ave., Rm 127 | Norman, Oklahoma 73019-4076 or oadocuments@ou.edu and ce@ou.edu.

For subsequent enrollments, please email completed form to ce@ou.edu.

Questions? Contact OU Admissions and Recruitment at ce@ou.edu or (405) 325-2151.